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ABSTRACT

This paper is one of a series of documents being issued by the Head Start Regional Resource and Training Center in response to a need to develop a variety of materials for use in local Head Start programs. The term "handicapped preschool child" is defined, and a list of handicapped conditions and the special needs they may generate is presented. For purposes of identification and discussion, the following categories are considered: auditorially-handicapped children, chronically-ill children, emotionally-disturbed children, mentally retarded children, orthopedically-handicapped children, speech-impaired children, visually-handicapped children, and multiple-handicapped children. Suggested resources for aid and information are given for each category. (CS)

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EXCEPTIONAL CHILDREN IN HEAD START

Characteristics of Preschool Handicapped Children

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INTRODUCTION

This paper on the handicapped child is one of a series of documents being issued by the Head Start Regional Resource and Training Center. One of the charges the Regional Office of Child Development (DHEW, Philadelphia) has given in its grant to the Conferences and Institutes Division, University College, University of Maryland, is to develop a variety of materials for local Head Start program use on an on-going basis.

Because these materials are to have continuing relevance to local Head Start staff and parents, all documents issued from this office are to be constantly revised and updated.

To facilitate making these documents relevant, we encourage feedback from our readers. Feedback can come in many forms -- suggestions, criticisms, additions, statements on what is useful and what is not, questions of clarity, comments on the style and format -- actually, anything which comes to the reader's mind while reviewing or using the document.

We would appreciate these comments in any way you care to send them -- typed, handwritten, marginal notes; whatever is easiest.

By giving us this feedback we can better meet our charge from Regional OCD and better provide local programs with useful resources.

John W. Simpson
Project Manager
Head Start Regional Resource
and Training Center

PREFACE

During the past few years attention to the importance of early education has been directed toward handicapped children. More than one million (1971 figures) preschool children in the United States suffer from a handicapping condition and "by reason of the handicap require some special education or related services." (OCD-HS Jan 1973 Discussion Draft)

The extent of unmet needs of handicapped children in the preschool age prompted the enactment of the Handicapped Children's Early Education Assistance Act (1968) and a more recent legislative mandate was reflected in the 1972 Amendment to the Economic Opportunity Act that requires OCD and Head Start:

1. to serve handicapped children in an integrated setting with other children;

2. to provide these children with the services they require;

3. to report to the Congress on the status of handicapped children (number of children, kinds of nandicaps, and services provided);

4. and to implement this mandate in such a way that no child currently enrolled is dropped from the program. (OCD-Memorandum Jan 1973)

Head Start proposes to implement the legislative requirement by providing that at least ten percent of enrollment opportunities be provided to handicapped children who are income eligible for Head Start.

Who Are Handicapped Children?

The term handicapped children is defined in the 1972 Amendments to the Economic Opportunity Act to mean: "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled, or other health impaired children who by reason thereof require special education and related services."

This definition applies to Head Start as well as other federally funded educational programs serving preschool handicapped children. For the purposes of this article and guidance, a handicapped preschool child shall be defined as anyone under the age of six who has a generally recognized and persistent physical or mental defect which prevents him from taking part freely in the activities that are so important to all children. Included in this definition are those children who are severely disabled by loss of vision or hearing, by crippling deformity, by extensive damage to the nervous system or to the heart, as well as those with severe mental or emotional disabilities. Included also are children with defects that are less severe but still interfere noticeably with their success and satisfaction in daily living, and who require special education and other related services to gain success and satisfaction. The large number of children who have found a way of living comfortably with comparatively minor peculiarities, such as mildly defective vision or birth marks, are not considered "handicapped."

Who are children with special needs?

No strict dividing line is drawn between children whose needs are special and those whose needs are "normal". All children in Head Start are "special" and program services should be individualized to provide each child's special needs.

Children come in all sizes, shapes and colors. Each is a unique individual who learns and develops according to his own physical, mental and emotional capabilities, his own cultural and environmental experiences at his own rate. Although some children have specific needs depending on their disabilities and abilities, all have the following basic needs.

Every child needs...

1. an enriched, stimulating environment in which the child can move;

2. to feel loved;

3. to express his feelings and feel understood;

4. to feel secure and free from fear;

5. time to explore, discover and organize the information gleaned from excursions;

6. motivating materials to encourage active involvement in the learning process and to help him understand the environment (according to his abilities);

7. success in a hurry;

8. play, self-absorbed, socializing, imaginative role playing;

9. respect - acceptance for what he is and approval;

10. responsible direction and challange to do his best;

11. free choice - giving form and substance to his capabilities (not his disabilities) and practive in decision making;

12. help in determining his own behavior.

Further discussion on implication to classroom activities of the above needs may be found in Toys As Learning Materials for Preschool Children by Zimmerman, Lyndall D. and Calovini, Gloria in Exceptional Children, 1971, 837 (May 1971) 642-654; and Serving Children with Special Needs Day Care 8, Superintendent of Documents #1791-0176.

Parents of Handicapped Children

Families where children have handicapping conditions face more problems and struggle through more than other families. Head Start staff need understanding of these problems.

Common to most parents of handicapped children is the difficulty of locating and/or using services and programs to meet their child's needs. One can help parents locate resources in the community or mobilize support for such resources. Parents may need financial assistance, counseling, to have a specialist evaluate their child's problem; staff can help by knowing what and who is available in their area.

Parents of handicapped children may require assistance to accept their child's special needs -- the first step toward doing something for their children. Parents often find it difficult

to accept a child because of his handicap. Negative feelings and possible guilt may be reduced if the parents see teachers, other parents and other kids accepting and valuing their handicapped child. Often, from the time of birth, the handicapped child needs extra help from his parents. It is easy to see how parents, and teachers, too, may overprotect the handicapped child by doing for him.

Parent counseling, parent education and parent support are essential to the program if one is to make a difference in the life of the handicapped child.

Categories of Handicapping Conditions

A full discussion of the vast range and variety of children's handicapping conditions, maladjustments, behavior problems and psychological symptoms is beyond the scope of this article. However, a list of handicapping conditions and the special needs they may generate is helpful, until community agencies and specialists are available for screening, assessment and diagnosis. For the purposes of identification and discussion, consider the following categories:

A. Auditorially-Handicapped Children: Deafness is the most severe handicapping condition within this category. There is much controversy as to the best approach to help deaf children. Deaf children of deaf parents usually use sign language, and are in their "natural surroundings" with many language (not speaking) skills. The preschool program staff can pick up the essential signs for simple communications from the parents (communicate in writing) or from various books and pamphlets available from various sources. Once deafness has been diagnosed, hearing parents of deaf children have to be helped to develop a method of communication with their children. Community agencies, societies of deaf adults and a state school for the deaf may be of great assistance to the parents in this case. Placement in Head Start will assist the deaf child's socialization and adjustment to the "hearing world". Staff training in manual communication is not essential. However, training in how to discipline, get the child's attention, supervise activities, and individualize programs is essential.

Hard-of-Hearing Children - Once diagnosed and provided with hearing aids tend to function like their non-handicapped peers. However, staff has to be aware that a hearing aid does not make a hard-of-hearing child "normal". It is an electronic device that can cause discomfort and is subject to mechanical difficulties, the weather, and colds. Staff training in dealing with hearing aids and/or careful speech and looking at the child while speaking is important. Parent education in communication skills, locating resources for and assistance with child management are important.

Community resources:

-Local hospital or university Speech and Hearing clinic

-State school for the deaf

-University or college Special Education Department

-The Volta Bureau
1537 35th Street, N.W.
Washington, D. C. 20007
acts as an information service for parents.

B. Chronically-Ill Children or "other health impaired children who by reason thereof require special education and related services": children handicapped by epilepsy, cardiac conditions, leukemia, hemophilia (bleeding), cystic fibrosis, muscular dystrophy, asthma and sickle cell anemia are included in this category. Prechool children who suffer from the above handicapping conditions may require individually "tailored" programs, such as variation in center attendance, home-based models in conjuntion with center attendance. Discipline may be a problem because they often have short life spans; consequently, parents, teachers and relatives tend to give in to them. Constant medical supervision is essential, and administration should plan for it. Staff needs training in how to react in an emergency -- when a child has a seizure or attack. Integration with non-handicapped children is of vital importance for social-emotional growth. Parent education and support is also essential, particularly with the terminal children. Coordination of medical, social, educational and counseling resources is essential for the families, children, and the Head Start program.

Community resources:

-Local hospital, physicians

-Epilepsy Foundation of America
733 15th Street, N.W. Suite 1116
Washington, D.C. 20005

-Muscular Dystrophy Association of America, Inc.
1790 Broadway
New York, New York 10019

-American Academy of Pediatrics
1801 Hipman Avenue
Evanston, Illinois 60204

-National Multiple Sclerosis Society
257 Park Avenue, South
New York, New York 10010

-Local or state Heart Association (Cardiac)

-Local or state Cancer Society (Leukemia)

-Local or state Cystic Fibrosis Association

-Local or state Department of Health

-Local or state Epilepsy Associations

C. Emotionally-Disturbed Children: Children thus identified require specialized programs to reduce their disturbing behavior, modify behavior and redirect them into the educational mainstream. Careful procedures should be instituted to insure that no individual child is labeled or stigmatized as a result of the identification of this handicapping condition. Head Start programs must insure that the initial identification as seriously emotionally disturbed is confirmed by professionals trained in assessing handicapping conditions, i.e. psychologists, psychiatrists, diagnostic nurseries, multidisciplinary diagnostic teams. (See transmital notice-Jan 1973.) Staff training is essential to develop coping techniques with children, behavior modification techniques and cooperation with ancillary personnel. Cooperation and coordination with local community mental health clinics is essential. A mental health professional is also needed for maintenance of the child in the program and training of the staff. Various models are available to assist Head Start programs to meet the needs of emotionally disturbed children. Parent education and counseling is required to support the work of the program and modify the child disturbing behavior.

Community resources:

-Local mental health clinic or local mental hygiene-mental retardation unit

-Local university child guidance center

-Local or state association for mental health

-National Association for Mental Health
10 Columbus Circle
New York, New York 10010

-National Society for Autistic Children
621 Central Avenue
Albany, New York 12206

PS 002043

-League for Emotionally Disturbed Children
171 Madison Avenue
New York, New York 10017

-Local university or college psychology department

-Local or state chapter of Council for Exceptional Children (CEC)

D. Mentally-Retarded Children: The "six-hour retarded child" -- who is exceptionally adaptive to the situation and the community in which he lives, but scores low an an I. Q. test or does poorly in school related activites -- is not included in this category. For Head Start, children who are severely and/or profoundly retarded -- who at age five function more like a 10-month to 2 1/2 year-old -- are discussed. Children thus identified require training in self-help skills. The teaching of self-help skills requires that the tasks taught be broken down into sequences of simplified short steps. Teaching must be done at the child's appropriate level with much repetition and success assured activities. Staff should be trained to show as well as tell and to avoid drastic changes of activities. Parent education and training is essential for carry over. Program options to meet individual needs should be considered. Coordination with local schools, local mental health - mental retardation clinics should be developed, as well as with locally-run nurseries for retarded children, diagnostic centers or special education departments. Again, care should be taken to avoid labeling and stigmatizing the child and the family. A psychologist trained in special education and perscriptive diagnosis will be most helpful.

Community resources:

-Special education department of college or university

-State training school for retarded

-State association for retarded children

-National Association for Retarded Children
2709 Avenue E. East
Arlington, Texas 76011

-Local or state chapter of Council for Exceptional Children

-Public school special education programs

-State Department of Education
Division of Special Education

E. Orthopedically-Handicapped Children - Crippled Children: Children in this category will be children who have cerebral palsy, loss of limbs, deformed limbs, spina bifida, accident victims, and children who are either non-ambulatory or ambulate with difficulty requiring specialized equipment. There are many kinds of orthopedically - physically disabled children. It is impossible to cover the specific needs of these children in this article. The best way to find out about a particular child's needs is to talk to his parents, physical therapist, or doctor. If the child is not seeing a physical therapist one should be located. This specialist can assist you in developing a program for the child.

Primary program adjustments will most likely be needed in transportation (how to get child and wheel chair in and out of vehicle) and special building requirements, such as wider doors to accommodate wheelchair, wide toilet cubicles, ramps, handrails in toilet and classrooms, non-slip floor coverings for children with crutches. Staff training in how to accommodate to the special equipment and to assist the child in adjusting to the equipment will be required. Staff will most likely have to assist peers in adjusting to the physically handicapped child and encourage the handicapped child's independence. Coordination with physical therapist, physician, hospital and other community agencies providing specialized treatment will be necessary to help child's physical development and should be planned for, i.e. transporting child for physical therapy onece or twice a week. Family counseling, location of resources, and financial assistance may be required and should be provided.

Community resources:

-Local Easter Seal Society

-National Easter Seal Society
2123 West Ogden Avenue
Chicago, Illinois 60612

-National Foundation - March of Dimes
1275 Mamaroneck Avenue
P.O. Box 2000
White Plains, New York 10602

-United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, New York 10016

-Local Cerebral Palsy Association

-Local hospital

-Local or state rehabilitation center

-Schools of medicine

-Army posts medical officers

-Local orthopedists

F. Speech-Impaired Children: In this category are children who do not talk, but are not deaf, who have cleft palate (an opening in the roof of the mouth which affects speech), or who have a physical defect that prevents clear intelligible speech. Since many Head Start children may be considered speech impaired because of a developmental lag and/or lack of stimulation, it is recommended that a clear definition for this category be sought from the Regional Office of Child Development. Careful procedures should be instituted to insure that no individual child or family is labeled or stigmatized as a result of the identification of the handicapping condition. Head Start programs should insure that the initial identification is confirmed by a professional trained in assessing speech impairment.

Community resources:

-Local health department

-Hospital speech and hearing clinic

-University or college speech and hearing clinic

-Local public school speech therapist/pathologist

-American Speech and Hearing Association
9030 Old Georgetown Road
Bethesda, Maryland 20014

-The National Association of Hearing and Speech Agencies
919 18th Street, N.W.
Washington, D. C. 20006

-State chapter of American Speech and Hearing Association

-State Department of Education
Special Education Division

G. Visually-Handicapped Children: Blindness is the most severe handicapping condition. A blind child tends to be more dependent on adults. Utter trust on parents and adults is essential to help a blind child develop his other senses and appreciate his environment. Specialized experiences to compensate for the lack of sight are important to help the blind child grow. Relatively few children

are totally blind. Blindness is a complete lack of vision, or the inability to see anything -- colors, shadows, shapes, darkness or light. Most visually-impaired children have slight vision. Some can see objects held close to their eyes, some can see general shapes of things but not details. They can learn to use what vision they have if they get a great deal of visual stimulation. If they are not encouraged to use what vision they have, that amount of vision may deteriorate. Staff needs to be trained to incorporate the special needs of the visually-impaired child into the daily activities. Most states have "Commissions for the Blind" or similar divisions which send personnel to train children, parents, teachers. Vision clinics, optometrists and opthamologists can assess a child's vision, consult with staff on vision problems or activities to exercise the visual development of visually impaired children. Parent support, counseling, and education for transfer of learning and assisting the child's movement towards greater independence may be required.

Community resources:

-Local Lions Club for vision clinic and assistance

-Local hospitals

-State Commission for the Blind or Bureau for the Blind

-American Foundation for the Blind
15 West 16th Street
New York, New York 10011

-Association for Education of the Visually Handicapped
711 14th Street, N.W.
Washington, D. C. 20005

-National Society for the Prevention of Blindness
16th East 40th Street
New York, New York 10010

-American Printing House for the Blind
1836 Frankfort Avenue
Louisville, Kentucky 40206
(for talking books, education tape records, etc.)

H. Multiple-Handicapped Children: Children whose mothers have had rubella (German measles) are often multiple-handicapped -- deaf and blind, blind and orthopedically-handicapped, visually-handicapped, retarded and more. Educational interventions tend to be governed by the primary or most severe handicap. Staff training is essential

to assist these children and to meet the varied needs. Development of supportive services are also essential such as transportation, physical surroundings, hospital coordination, parent involvement and support. Such support is accomplished by multiplying services provided for one handicapping condition by the number of handicapping conditions.

Community resources:

The same as in the single-handicapping condition.

Summary

Handicapped children have to satisfy their educational, social and emotional needs just as non-handicapped children do. They need the special help of their parents, their teachers and their community. The above material has been prepared to assist in planning and training to meet the legislative mandate. This paper is not intended to provide answers; instead, its intention is to provoke questions. Answers will come from the books read, the people sought and the community resources located and used.

RESOURCES

Day Care 8 Serving Children With Special Needs, DHEW
Publication No. OCD 72-42
U. S. Government Printing Office
Washington, D. C. 20402 #1791-0176
Most useful information on handicapped needs is in this booklet.

CEC Information Center
The Council for Exceptional Children
Suite 900
1411 South Jefferson Davis Highway
Arlington, Virginia 22202
For specific answers to your questions about the education of handicapped children.

Exceptional Children
Official Journal of The Council for Exceptional Children
Arlington, Virginia 22202

Mid-Atlantic Region
Special Education Instructional Materials Center
George Washington University
Washington, D. C. 20006
For instructional materials for handicapped children